Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 1 of 71

| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | <u></u> |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 |
| | Chapter 11 Chapter 12 |
| | Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Paris | |
| | First name | First name |
| Write the name that is on | Latrice | |
| your government-issued picture identification (for | Middle name | Middle name |
| example, your driver's | Jones | |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | | |
| have used in the | First name | First name |
| last 8 years | | |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 | XXX - XX- 3628 | xxx - xx- |
| digits of your Social Security | OR | OR |
| number or federal | | |
| Individual Taxpayer Identification | 9 xx - xx- | 9 xx - xx- |
| number (ITIN) | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 2 of 71

| Debtor 1 Paris | | Latric | | Jones | | Case number (if | known) | |
|---|----------------------------------|---------------------------|-----------------------|--|-----------|-----------------|--|-------------------------|
| First Name | | Middle | Name | Last Name | | | | |
| | | About Debte | or 1: | | | About Del | btor 2 (Spouse Onl | y in a Joint Case): |
| 4. Any business and Employer | | ✓ I have not | used any business | s names or EINs. | | ☐ I have r | not used any business nan | nes or EINs. |
| Identification Numbers (EIN) have used in t | nbers (EIN) you e used in the | Business na | me | | | Business r | name | |
| last 8 years | | Business na | me | | | Business r | name | |
| Include trade names doing business as r | | EIN | | | | EIN | | |
| | | EIN | | | | EIN | | |
| 5. Where you live | е | | _ | | | If Debtor 2 | lives at a different add | ress: |
| | | 732 W 50th St A Number | opt 2 Street | | | Number | Street | |
| | | | | | | | | |
| | | Chicago City | Illinois State | 60609 Zip Code | | City | State | Zip Code |
| | | Cook | | | | · | | · |
| | | County | | | | County | | |
| | | | lote that the court v | rent from the one will send any notices | | | mailing address is differ that the court will send a | |
| | | Number | Street | | | Number | Street | |
| | | City | State | Zip Coo | de | City | State | Zip Code |
| 6. Why you are | | Check one: | | | | Check one: | | · |
| choosing this district to file bankruptcy | | | | re filing this petition, an in any other dist | | | e last 180 days before filir this district longer than in | |
| | | I have and | other reason. Expla | ain. (See 28 U.S.C. § | §§ 1408.) | I have a | another reason. Explain. (S | See 28 U.S.C. §§ 1408.) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | _ | | | |
| | | | | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 3 of 71

| Debio | First Name | Middle Name Last Name |
|-----------------------------------|---|--|
| Part 2 | | out Your Bankruptcy Case |
| Ba yo | ne chapter of the ankruptcy Code ou are choosing to e under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12 Chapter 13 |
| | ow you will pay e fee | ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |
| ba | ave you filed for ankruptcy within e last 8 years? | ✓ No. Yes. District When |
| ca be sp fil yc bu | re any bankruptcy ases pending or eing filed by a bouse who is not ing this case with bu, or by a usiness partner, or y an affiliate? | ✓ No. Yes. Debtor Relationship to you District When Case number, if known Debtor Relationship to you District When Case number, if known MM / DD / YYYY Case number, if known MM / DD / YYYYY |
| | o you rent your sidence? | ✓ No. Go to line 12. ✓ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ✓ No. Go to line 12. ✓ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition. |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 4 of 71

| Debtor 1 Paris First Name | | | rice de Name | Jones Last Name | Case number | (If Known) | | |
|---|---------------|--|--|--|--|---|--|---------|
| | y Bus | | es You Own as a S | | or | | | |
| 12. Are you a sole proprietor of any full- or part-time business? | ✓ | No. Yes. | Go to Part 4. Name and location of b | ousiness | | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | Single Asset Re Stockbroker (as | Street Street Street Street Street Street | in 11 U.S.C. § 101(27A ned in 11 U.S.C. § 101(5 | ., | de | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | dead opera | llines. If y ations, ca C. § 11 1 No. | ou indicate that you are a ash-flow statement, and 6(1)(B). I am not filing under Ch I am filing under Chapt Bankruptcy Code. | a s <i>mall busin</i> ess d federal income tax hapter 11. ter 11, but I am NC | lebtor, you must attach yo return or if any of these OT a small business deb | our most recent bai documents do not tor according to the | o that it can set appropriate lance sheet, statement of exist, follow the procedure e definition in the | e in 11 |
| Part 4: Report if You Ow | n or | Have / | Any Hazardous Pro | operty or Any | Property That Ne | eds Immediate | e Attention | |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or | ✓ | | What is the hazard? If immediate attention is i | needed, why is it n | eeded? | | | |
| safety? Or do you own any property that needs immediate attention? | | | Where is the property? | Number | Street | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | City | Sta | nte | Zip Code | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 5 of 71

Debtor 1 Paris Latrice Jones Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 6 of 71

| Debtor 1 Paris | Latrice Middle Name | Jones Case number (if kno | wn) | | | | |
|---|---|---|---|--|--|--|--|
| Part 6: Answer These Qu | uestions for Reporting Purp | | | | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. | | | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be ava | oter 7. Go to line 18. 7. Do you estimate that after any exempt property ailable to distribute to unsecured creditors? | is excluded and administrative expenses are | | | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | | | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| Part 7: Sign Below | | | | | | | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ** /s/ Paris Jones Signature of Debtor 1 Executed on | | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 7 of 71

| Debtor 1 Paris | Latrice | Jones | Case number (i | if known) |
|---|--|--|--|--|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one If you are not | eligibility to proceed und the relief available undo to the debtor(s) the noti | der Chapter 7, 11, 12, or 13 er each chapter for which th ce required by 11 U.S.C. § 3 | of title 11, Ur e person is e 342(b) and, ir | nat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, action in the cohodulas filed with the |
| represented by an | petition is incorrect. | ation in the schedules filed with the | | |
| attorney, you do not | · | | | |
| need to file this page. | /s/ Tej Shastri Signature of Attorney for | or Debtor | _ Date | 9/27/2016 MM / DD / YYYY |
| | Tej Shastri Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 11101 S. Western Aven | ue | | |
| | Street | | | |
| | Chicago | Illinois | | 60643 |
| | City | State | | Zip Code |
| | Contact phone | E | mail address | tshastri@semradlaw.com |
| | | | Illino | ois |
| | Bar number | | State | 9 |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 8 of 71

| Fill in this information to identify your case: | | | | | | | |
|---|--------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1 | Paris | Latrice | Jones | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing | First Name | Middle Name | Last Name | | | | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois (State) | | | | |
| Case number (If known) | | | (State) | | | | |

| Check if this is ar |
|---------------------|
| amended filing |

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|---|
| | Your assets Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$4,235.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$4,235.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$9,763.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$45,327.00 |
| Your total liabilities | \$55,090.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,022.65 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$1,025.00 |
| | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 9 of 71

| Del | otor 1 | Paris | Latrice | Jones | Case n | umber (if known) | | | | | |
|-------------|--|--|-----------------------|-------------------------------|----------------------|----------------------------|----------|--|--|--|--|
| | | First Name | Middle Name | Last Name | | | | | | | |
| Par | t 4: | Answer These Questions | for Administra | tive and Statistical | Records | | | | | | |
| 6. A | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | | | | | | | |
| | ✓ Ye | es. | | | | | | | | | |
| 7. V | Vhat I | kind of debt do you have? | | | | | | | | | |
| | | our debts are primarily consum amily, or household purpose. 11 U.S | | | | | | | | | |
| | | our debts are not primarily con his form to the court with your other | | nave nothing to report on th | nis part of the form | n. Check this box and subm | it | | | | |
| 8. | | n the <i>Statement of Your Curren</i> 122A-1 Line 11; OR , Form 122B L | • | 1 | nonthly income fro | m Official | \$984.50 | | | | |
| 9. | Cop | by the following special categor | ries of claims from | Part 4, line 6 of Schedul | e E/F: | | | | | | |
| | Froi | m Part 4 on Schedule E/F, copy | the following: | | | Total claim | | | | | |
| | 9a. I | Domestic support obligations (Cop | oy line 6a.) | | | \$0.00 | | | | | |
| | 9b. ⁻ | Taxes and certain other debts you | owe the government. | (Copy line 6b.) | | \$0.00 | | | | | |
| | 9c. (| Claims for death or personal injury | while you were into | kicated. (Copy line 6c.) | | \$0.00 | | | | | |
| | 9d. \$ | Student loans. (Copy line 6f.) | | | | | | | | | |
| | | Obligations arising out of a separa | ition agreement or di | vorce that you did not rep | ort as | \$0.00 | | | | | |
| | • | rity claims. (Copy line 6g.) Debts to pension or profit-sharing p | plans and other sim | ilar dehts (Conv line 6h) | | \$0.00 | | | | | |
| | JI. L | sociate periodicitor profit straining p | olario, and other sim | iidi dobid. (Oopy iiile Oil.) | Ī | | | | | | |
| | 9a. ' | Total. Add lines 9a through 9f. | | | | \$17,689,00 | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 10 of 71

| Fill in this | information to identify your case: | | | | |
|---|---|--|---|--|--|
| Debtor 1 | | Latrice Middle Name | Jones Last Name | | |
| Debtor 2 (Spouse, | if filing) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: Northern | 1 | District of Illinois (State) | | |
| Case nur (If known) | nber | | | | |
| Officia | al Form 106A/B | | | | Check if this is an amended filing |
| Sche | dule A/B: Property | | | | 12/1 |
| category responsible write your Part 1: | ntegory, separately list and describe iten where you think it fits best. Be as comp ble for supplying correct information. It name and case number (if known). An Describe Each Residence, Buil | olete and accurate more space is ne swer every questi ding, Land, o | e as possible. If two married peopleded, attach a separate sheet to on. r Other Real Estate You Ow | e are filing together, both are this form. On the top of any a n or Have an Interest In | equally dditional pages, |
| 1. Do yo | u own or have any legal or equitable in No. Go to Part 2 | terest in any resid | lence, building, land, or similar pro | pperty? | |
| | Yes. Where is the property? | Whatia | the preparty? Check all that apply | Do not doduct oppured a | laima ar ayamatiana Dut |
| 1.1 | Street address, if available, or other described by the street street. | Single Si | the property? Check all that apply. e-family home ex or multi-unit building lominium or cooperative ufactured or mobile home tment property | the amount of any secure Creditors Who Have Class Current value of the entire property? Describe the nature of interest (such as fee si | mple, tenancy by |
| | City State Zip Co | de Cthe | share r an interest in the property? Che | Check if this is co | mmunity property |
| | | one. Debti Debti | or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another | (see instructions) | |
| | | | formation you wish to add about to identification number: | his item, such as local | |
| If you 1.2 | own or have more than one, list here: Street address, if available, or other desc | Singl | the property? Check all that apply. e-family home ex or multi-unit building | the amount of any secure | laims or exemptions. Put ed claims on <i>Schedule D:</i> aims Secured by Property. |
| | | <u> </u> | ex or multi-unit building Iominium or cooperative | Current value of the entire property? | Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 and Debtor 2 only

property identification number:

Manufactured or mobile home

Who has an interest in the property? Check

At least one of the debtors and another

Other information you wish to add about this item, such as local

Investment property

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

Land

Timeshare Other ____

Debtor 1 only Debtor 2 only

Number

City

Street

State

Zip Code

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 11 of 71

| Debtor 1 | Paris First Name | Latrice Middle Name | Jones Last Name | Case numbe | er (if known) | _ |
|--|---|---|---|-------------|---|---|
| 1.3 | et address, if available, or otl | | What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | pply. | Do not deduct secured of the amount of any secure Creditors Who Have Clater Current value of the entire property? | · |
| Nun | | Zip Code | Land Investment property Timeshare Other | _ | Describe the nature of interest (such as fee si the entireties, or a life | mple, tenancy by |
| | | | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Other information you wish to add all property identification number: | er | Check if this is con (see instructions) | mmunity property |
| | | tion you own for | all of your entries from Part 1, includ | | | |
| Do you ov you own th 3. Cars, va | at someone else drives. If youns, trucks, tractors, sport utili | equitable interest u lease a vehicle, al | in any vehicles, whether they are reg so report it on Schedule G: Executory Co cycles | | | |
| ✓ Ye: | | | | | | |
| 3.1 | Make Model: Year: Approximate mileage: | Dodge Caliber 2007 116000 | Who has an interest in the propone. Debtor 1 only | erty? Check | the amount of any secure | laims or exemptions. Put ed claims on <i>Schedule D:</i> hims <i>Secured by Property.</i> |
| | Other information: | 110000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community p | | Current value of the entire property? \$3435.00 | Current value of the portion you own? \$3435.00 |
| 3.2 | Make Model: Year: | | instructions) Who has an interest in the propone. Debtor 1 only | erty? Check | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community p instructions) | | Current value of the entire property? | Current value of the portion you own? |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 12 of 71

| Debtor 1 | Paris | Latrice | Jones | Case numbe | (if known) | |
|----------|-----------------------------|-----------------------|--|--------------------|---|--|
| | First Name | Middle Name | Last Name | | De met de d'atant de la | alaima an anaron Contra Diri |
| 3.3 | Make Model: | | Who has an interest in the pone. | roperty? Check | | claims or exemptions. Put red claims on <i>Schedule D:</i> |
| | Year: | | Debtor 1 only | | • | laims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | | , , , |
| | Other information: | | Debtor 1 and Debtor 2 only | | Current value of the entire property? | Current value of the portion you own? |
| | | | At least one of the debtors a | | | |
| | | | Check if this is communi | | | |
| | | | instructions) | ty property (see | | |
| 3.4 | | | Who has an interest in the p | roperty? Check | | claims or exemptions. Put |
| | Model: | | one. | | • | red claims on Schedule D: |
| | Year: | | Debtor 1 only | | Creditors vvno Have C | laims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | | | At least one of the debtors a | and another | | |
| | | | Check if this is communi instructions) | ty property (see | | |
| 4.1 | Yes Make | | Who has an interest in the p | roperty? Check | | claims or exemptions. Put |
| | Model: | | one. | | | red claims on Schedule D: |
| | Year: | | Debtor 1 only | | Creditors Who Have C | laims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | | | At least one of the debtors a | and another | | |
| | | | Check if this is communi instructions) | ty property (see | | |
| 4.2 | Make | | Who has an interest in the p | roperty? Check | Do not deduct secured | claims or exemptions. Put |
| | Model: | | one. | | • | red claims on Schedule D: |
| | Year: | | Debtor 1 only | | Creditors Who Have C | laims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | | | At least one of the debtors a | and another | | |
| | | | Check if this is communi instructions) | ty property (see | | |
| 5. Add | the dollar value of the po | rtion you own for all | of your entries from Part 2, in | cluding any entrie | s for pages | 435.00 |
| vou ha | ive attached for Part 2. Wr | te that number here | • | - • | <u>\$3</u> | PH30.00 |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 13 of 71

Debtor 1 Paris Latrice Jones Case number (if known) First Name Middle Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. household goods and furnishings \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Cell Phone \$150.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **√** No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **√** No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **√** No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ✓ Yes. Describe... Used clothing \$150.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver **✓** No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses **✓** No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **√** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$800.00 for Part 3. Write that number here

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 14 of 71

| Debt | or 1 | Paris | Latrice | Jones | Case number (if known) | |
|--------------|----------|------------------------|---|---------------------------|---|--|
| | | First Name | Middle Name | Last Name | | |
| Part - | 4: | Describe Your F | inancial Assets | | | |
| Do | you | own or have a | ny legal or equitable inte | rest in any of the | following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. C | | | | | | |
| Е | | ples: Money you have | e in your wallet, in your home, in a s | afe deposit box, and on h | and when you file your petition | |
| | | No | | | | |
| | Ш | Yes | | | Cash: | |
| 17. | Exa | | vings, or other financial accounts; titutions. If you have multiple acco | | ares in credit unions, brokerage houses, tion, list each. | |
| | ✓ | No | | | | |
| | | Yes | | Institution name: | | |
| | | | 17.1. Checking account: | | | |
| | | | 17.2. Checking account: | | | |
| | | | 17.3. Savings account: | | | |
| | | | 17.4. Savings account: | | | |
| | | | 17.5. Certificates of deposit: | | | |
| | | | 17.6. Other financial account: | | | |
| | | | 17.7. Other financial account: | | | |
| | | | 17.8. Other financial account: | | | |
| | | | 17.9. Other financial account: | | | |
| 18. | | | or publicly traded stocks vestment accounts with brokerage | firms money market acc | ounte | |
| | | No | Woodinoric accounts with protortage | mino, money market dee | | |
| | Ħ | Yes | Institution or issuer name: | | | |
| | | 100 | | | | |
| | | | | | | |
| | | | | | | |
| 19 | Non | n-nublicly traded st | ock and interests in incorporat | ed and unincorporated | d businesses, including an interest in | |
| | | LC, partnership, a | | | | |
| | ✓ | No | | | | |
| | | Yes. Give specific | Name of entity | | % of ownership: | |
| | | information about them | | | | - |
| | | | | | | |
| | | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 15 of 71

| Deb | tor 1 | Paris | Latrice | Jones | Case number (if known) | |
|-----|---------------------------|---|--|--------------------------------|--|----------|
| | | First Name | Middle Name | Last Name | | |
| 20. | Negotiable instruments in | | orate bonds and other negotian clude personal checks, cashiers nts are those you cannot transfer | checks, promissory note | s, and money orders. | |
| | | Yes. Give specific information about them | Issuer name: | | | <u> </u> |
| | | | | | | |
| 21. | Exa | | |), thrift savings accounts, | or other pension or profit-sharing plans | _ |
| | | No | Type of account: | Institution name: | | |
| | Ш | Yes. List each account | 401(k) or similar plan: | | | _ |
| | | separately. | Pension plan: | | | |
| | | | IRA: | | | - |
| | | | Retirement account: | | | |
| | | | Keogh: | | | _ |
| | | | Additional account: | | | |
| | | | Additional account: | | | |
| 22. | You Exa com | | orepayments deposits you have made so that yo with landlords, prepaid rent, publi | c utilities (electric, gas, wa | | - |
| | $\mathbf{\Lambda}$ | No | | Institution name: | | |
| | Ш | Yes | Electric: | | | _ |
| | | | Gas: | | | - |
| | | | Heating oil: | | | |
| | | | Security deposit on rental unit: | | | _ |
| | | | Prepaid rent: | | | _ |
| | | | Telephone: | | | _ |
| | | | Water: | | | |
| | | | Rented furniture: | | | |
| | | | Other: | | | - |
| 23. | _ | • | a periodic payment of money to | you, either for life or for a | number of years) | - |
| | | No Yes | Issuer name and description: | | | |
| | | | | | | - |
| | | | | | | - |

Official Form 106A/B Schedule A/B: Property page 6

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 16 of 71

| Debte | or 1 Paris First Name | Latrice Middle Name | Jones Last Name | Case number (if known) | |
|------------|---|---------------------------------------|------------------------------------|---|---|
| 24. | | n an account in a qua | | nder a qualified state tuition program | |
| | No Institution name and Yes | description. Separate | ly file the records of any intere | sts.11 U.S.C. § 521(c): | |
| | | | | | |
| 25. | Trusts, equitable or future interest exercisable for your benefit | ests in property (oth | er than anything listed in lii | ne 1), and rights or powers | |
| | ✓ No Yes. Describe | | | | |
| 26. | Patents, copyrights, trademarks Examples: Internet domain names, | | | pements | |
| | Yes. Describe | | | | |
| 27. | Licenses, franchises, and other Examples: Building permits, exclus | | ive association holdings, liquo | or licenses, professional licenses | |
| | ✓ No Yes. Describe | | | | |
| | | | | | |
| Mon | ney or property owed to yo | u? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property owed to yo Tax refunds owed to you | u? | | | portion you own? Do not deduct secured |
| | | u? | | | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No ✓ Yes. Give specific information | | | | portion you own? Do not deduct secured |
| | Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whe you already filed the return | ether | | | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed to you ✓ No ☐ Yes. Give specific information about them, including whe | ether | | Federal: | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years | other ns | child support, maintenance, d | Federal: State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum aling No | ether ns mony, spousal support, | child support, maintenance, d | Federal: State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum alir | ether ns mony, spousal support, | child support, maintenance, d | Federal: State: Local: livorce settlement, property settlement | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum aling No | ether ns mony, spousal support, | child support, maintenance, d | Federal: State: Local: livorce settlement, property settlement Alimony: Maintenance: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum aling No | ether ns mony, spousal support, | child support, maintenance, d | Federal: State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum aling No | ether ns mony, spousal support, | child support, maintenance, d | Federal: State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum aling No | mony, spousal support, | child support, maintenance, d | Federal: State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum aling No Yes. Give specific information | ou insurance payments, c | lisability benefits, sick pay, vac | Federal: State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum aling No Yes. Give specific information Other amounts someone owes you Examples: Unpaid wages, disability | ou insurance payments, c | lisability benefits, sick pay, vac | Federal: State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. 29. | Tax refunds owed to you ✓ No Yes. Give specific information about them, including whe you already filed the return and the tax years Family support Examples: Past due or lump sum alin ✓ No Yes. Give specific information Other amounts someone owes your examples: Unpaid wages, disability Social Security benefits; | ou insurance payments, c | lisability benefits, sick pay, vac | Federal: State: Local: livorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 17 of 71

| Deb | tor 1 | Paris | Latrice | Jones | Case number (if known) | |
|------------|----------|--|---|---------------------------------|---|--|
| | | First Name | Middle Name | Last Name | | _ |
| 31. | | erests in insurance amples: Health, disab | | rings account (HSA); credit, he | omeowner's, or renter's insurance | |
| | | No Yes. Name the insur of each policy and li | rance company | oany name: | Beneficiary: | Surrender or refund value: |
| 32. | If yo | | | | or are currently entitled to receive | |
| | | No Yes. Describe | | | | |
| 33. | | amples: Accidents, er | arties, whether or not you have apployment disputes, insurance of | | demand for payment | |
| 34. | Oth | Yes. Describe | unliquidated claims of every | nature, including counters | claims of the debtor and rights | |
| 54. | | set off claims No Yes. Describe | uniquidated dialing of every | nature, moluting countered | denie desion and rights | |
| 35. | Any | y financial assets yo | ou did not already list | | | |
| | ✓ | No Yes. Describe | | | | |
| 36. | | | f all of your entries from Part umber here | | | |
| Part | | | | | ın Interest In. List any real estat | e in Part 1. |
| 37. | Do | you own or have a | ny legal or equitable interest i | n any business-related prop | perty? | |
| | ✓ | No. Go to Part 6. Yes. Go to line 38. | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | | counts receivable o | r commissions you already ea | rned | | |
| | | Yes. Describe | | | | |
| 39. | Exa | amples: Business-rela | nishings, and supplies ated computers, software, mode | ms, printers, copiers, fax mac | hines, rugs, telephones, desks, chairs, elect | ronic devices |
| | | No Yes. Describe | | | | |
| | | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 18 of 71

| Deb | tor 1 Paris | Latrice | Jones | Case number (if known) | |
|-------|--------------------------------------|---|----------------------------|------------------------------------|---|
| 40. | First Name Machinery fixtures ec | Middle Name quipment, supplies you use in | Last Name | our trade | |
| ٠٠٠. | | quipment, supplies you use in | business, and tools of y | our trade | |
| | ✓ No Yes. Describe | | | | |
| | Tes. Describe | | | | |
| | | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 42. | Interests in partnersh | nips or joint ventures | | | |
| | ✓ No | | | 24.4 | |
| | Yes. Give specific | Name | of entity: | % of ownership: | |
| | information about | | | | |
| | them | | | | |
| | | | | | |
| 43. (| Customer lists, mailing | lists, or other compilations | | | · |
| | ✓ No | | | | |
| | | nclude personally identifiable info | mation (as defined in 11 U | .S.C. § 101(41A))? | |
| | | , , | ` | . , | |
| | ∐ No | with a | | | |
| | Yes. Desc | ribe | | | |
| 44. | Any business-related | property you did not already lis | st | | |
| | ✓ No | | | | |
| | Yes. Give specific | | | | <u> </u> |
| | information | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | <u> </u> |
| 45. A | dd the dollar value of a | all of your entries from Part 5, i | ncluding any entries for | pages you have attached | |
| | | | | > | |
| Part | | Farm- and Commercial F n interest in farmland, list it in Part | | erty You Own or Have an Interest I | n. |
| 46. | Do you own or have a | any legal or equitable interest i | n any farm- or commerci | al fishing-related property? | |
| | ✓ No. Go to Part 7. | | | · · | Current value of the |
| | Yes. Go to line 47. | | | | portion you own? Do not deduct secured |
| | | | | | claims |
| | _ | | | | or exemptions |
| 47. | Farm animals Examples: Livestock, po | oultry farm-raised fish | | | |
| | | odiuy, iaitii-taisea listi | | | |
| | No December | | | | |
| | Yes. Describe | | | | |
| | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 19 of 71

| Debt | tor 1 | | Latrice Middle Name | Jones | Case number (if known) | |
|--|----------------------------|---|--|---------------------------|--------------------------------|-------------|
| 10 | Cro | First Name pps-either growing or harvested | Middle Name | Last Name | | |
| 48. | _ | | u | | | |
| | 뇓 | No Voc Pagariba | | | | |
| | Ш | Yes. Describe | | | | |
| | | | | | | |
| 49. | Far | m and fishing equipment, imple | ements, machinery | fixtures, and tools of tr | ade | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| | _ | | | | | |
| 50. | Far | m and fishing supplies, chemic | als, and feed | | | |
| | V | No | | | | |
| | | Yes. Describe | | | | |
| | | | | | | |
| 51. | Αn | / farm- and commercial fishing- | related property yo | ou did not already list | | |
| | ✓ | No | | · | | |
| | Ħ | Yes. Describe | | | | |
| | | | | | | |
| | - | | | | | |
| | | ne dollar value of all of your ent | | | | |
| or Pa | art 6. | . Write that number here | | | | |
| | | | | | | |
| Part | 7. | Describe All Property You | ı Own or Have | an Interest in That V | Ou Did Not List Above | |
| | | you have other property of any | | | Ou Did Not List Above | |
| 00. | | mples: Season tickets, country club | | | | |
| | ✓ | No | | | | |
| | | Yes. Give specific | | | | |
| | | information | | | | |
| | | | | | | |
| | | | | | | |
| 54. A | dd th | ne dollar value of all of your enti | ries from Part 7. Wi | rite that number here | > | |
| | | | | | | |
| | | | | | | |
| Part | 8: | List the Totals of Each Pa | art of this Form | | | |
| 55. F | art 1 | 1: Total real estate, line 2 | | | > | |
| | | | | | | |
| 56. p | oart 2 | 2 total vehicles, line 5 | | \$3435.00 | | |
| 57. P | art 3 | : Total personal and household | l items, line 15 | \$800.00 | <u></u> | |
| 58. P | 4 | : Total financial assets, line 36 | | | | |
| | art 4 | . Total illiancial assets, line so | | | | |
| 59. F | | 5: Total business-related prope | rty, line 45 | | <u></u> | |
| | Part (| 5: Total business-related proper | • | | <u> </u> | |
| 60. F | Part 6 | 5: Total business-related proper 6: Total farm- and fishing-relate | ed property, line 52 | | | |
| 60. F | Part 6 | 5: Total business-related proper 6: Total farm- and fishing-relate 7: Total other property not lister | ed property, line 52 d, line 54 | | | |
| 60. F | Part 6 | 5: Total business-related proper 6: Total farm- and fishing-relate | ed property, line 52 d, line 54 | | | + \$4235.00 |
| 60. F | Part 6 | 5: Total business-related proper 6: Total farm- and fishing-relate 7: Total other property not lister | ed property, line 52 d, line 54 | | Copy personal property total ▶ | + \$4235.00 |
| 60. F 61. F 62. T | Part (Part (Part 7 | 5: Total business-related proper 6: Total farm- and fishing-relate 7: Total other property not lister | ed property, line 52 d, line 54 through 61 | \$4235.00 | | + \$4235.00 |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 20 of 71

| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|------------------------|------------------------------|--|--|--|
| Debtor 1 | Paris First Name | Latrice Middle Name | Jones Last Name | | | |
| Debtor 2 (Spouse, if filing | ng) First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case number (If known) | | | (Cidio) | | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | t1: Identify the Property You Claim | im as Exempt | | | | | |
|-----|--|---|---|------------------------------------|--|--|--|
| 1. | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | |
| | Brief description: Misc. household goods and furnishings Line from Schedule A/B: 06 | \$500.00 | \$500.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | | |
| | Brief description: Used clothing Line from Schedule A/B: 11 | \$150.00 | \$150.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) | | | |
| 3. | Are you claiming a homestead exemptio (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property covere No Yes | 3 years after that for ca | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 21 of 71

| Debt | First Name | Latrice Middle Name | Jones Last Name | Case number (if known) | |
|------|--|------------------------|--------------------|--|------------------------------------|
| | Brief description of the property line on Schedule A/B that lists thi property | | Check only one b | xemption you claim ox for each exemption. | Specific laws that allow exemption |
| | Brief description: Cell Phone Line from Schedule A/B: 07 | \$150.00 | 100% of fair n | \$150.00 narket value, up to any atutory limit | 735 ILCS 5/12-1001(b) |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 22 of 71

| | | | | | • | | |
|-----------------|-----------------------|---|---|--|---|--|-----------------------------------|
| Fill in | this inform | nation to identify your case | : | | | | |
| Debt | or 1 | Paris | Latrice | Jones | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debt | or 2 | | | | | | |
| (Spot | use, if filing | First Name | Middle Name | Last Name | | | |
| Unite | d States B | ankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case (If knd | number own) | | | (Claid) | | | |
| Off | icial F | Form 106D | | | 1 | | heck if this is an mended filing |
| Sc | hedu | le D: Credit | ors Who Ha | ve Claims Secui | red by Pro | perty | 12/15 |
| space | is needed | • | | e are filing together, both are equa e entries, and attach it to this form | • | | |
| 1. | Do any cre | editors have claims secu | red by your property? | | | | |
| | No. C | neck this box and submit th | nis form to the court with yo | our other schedules. You have nothing | else to report on this | form. | |
| i | ✓ Yes. F | ill in all of the information b | pelow. | | · | | |
| Part | | All Secured Claims | | | | | |
| 2. | for each o | claim. If more than one cre | | red claim, list the creditor separately n, list the other creditors in Part 2. As ng to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | GO FINA Creditor's | Name | Describe the property | that secures the claim: | \$9,763.00 | \$3,435.00 | \$6,328.00 |
| | Number | NDIAN SCHOOL RD er Street | 2007 DODGE CALIBER As of the date you file, | the claim is: Check all that apply. | | | |
| | City | X Arizona 85018 State ZIP Code | Contingent Unliquidated | | | | |
| | | es the debt? Check one. or 1 only | Disputed Nature of lien. Check a | all that apply | | | |
| | = | or 2 only | | made (such as mortgage or secured | | | |
| | | or 1 and Debtor 2 only ast one of the debtors and | car loan) | as tax lien, mechanic's lien) | | | |
| | anoth | ner | Judgment lien from | , | | | |
| | | ck if this claim relates community debt | Other (including a ri | | | | |
| | Date deb incurred | | Last 4 digits of accou | - | | | |
| | | Add the dollar value of y | | A on this page. Write that | \$9,763.00 | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 23 of 71

| Fill | in this inform | ation to identify your cas | e: | | | | | |
|---|---|--|---|--|---|--|--|--|
| Deb | otor 1 | Paris | Latrice | Jones | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| | otor 2 | = | | | | | | |
| (Sp | ouse, if filing) | First Name | Middle Name | Last Name | | | | |
| Uni | ted States Ba | ankruptcy Court for the: | Northern | District of Illinois | | | | |
| 0 | | | | (State) | | | | |
| | se number nown) | | | | | | | |
| Of | ficial Fo | orm 106E/F | | | | Che | eck if this is ar | n amended filing |
| | | | | Hava Haaaau | ad Claima | | | |
| 3 (| neau | ie E/F: Cre | editors who | Have Unsecur | ed Claims | | | 12/15 |
| party 106 A that entri knov | y to any exe VB) and on are listed in es in the bo vn). | cutory contracts or un Schedule G: Executor Schedule D: Creditor exes on the left. Attach | expired leases that could r y Contracts and Unexpired s Who Hold Claims Secure | s with PRIORITY claims and Presult in a claim. Also list execut Leases (Official Form 106G). It does not be property. If more space it this page. On the top of any a | tory contracts on <i>Sch</i> Do not include any cre s needed, copy the Pa | nedule A/B: editors with art you nee | Property (Of partially sec d, fill it out, n | fficial Form cured claims number the |
| | | | | | | | | |
| 1. | | o to Part 2. | secured claims against yo | u? | | | | |
| | Yes. | JIOT AIL Z. | | | | | | |
| _ | ш | | d alaimea. If a supelitar base was | | -i list the seculitary sec | | ash alaim Fa | |
| 2. | listed, ident much as po Continuation | ify what type of claim it is pssible, list the claims in a on Page of Part 1. If more | s. If a claim has both priority a alphabetical order according e than one creditor holds a pa | ore than one priority unsecured cland nonpriority amounts, list that clato the creditor's name. If you have articular claim, list the other credit this form in the instruction bookle | aim here and show both more than two priority ors in Part 3. | n priority and | nonpriority ar | mounts. As |
| | | | | | | Total | Priority | Nonpriority |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 24 of 71

| Debto | | Name Case number (if known) | | | | | | | |
|--------|---|--|-------------------|--|--|--|--|--|--|
| | | | | | | | | | |
| Part 2 | Part 2: List All of Your NONPRIORITY Unsecured Claims | | | | | | | | |
| 3. | Do any creditors have nonpriority unsecured claims against you? | | | | | | | | |
| | No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | | | | | | | |
| | ✓ Yes. | | | | | | | | |
| 4. | — List all of your nonpriority unsecured claims in the alphabetical | order of the creditor who holds each claim. If a creditor has more | than one priority | | | | | | |
| | | claim listed, identify what type of claim it is. Do not list claims already in | | | | | | | |
| | f more than one creditor holds a particular claim, list the other creditor | rs in Part 3.If you have more than four priority unsecured claims fill out t | he Continuation | | | | | | |
| | Page of Part 2. | | | | | | | | |
| | | | Total claim | | | | | | |
| 4.1 | AARGON COLLECTION AGEN | Last 4 digits of account number 8655 | \$209.00 | | | | | | |
| | Nonpriority Creditor's Name 3160 S VALLEY VW STE 206 | <u></u> | | | | | | | |
| | Number Street | When was the debt incurred? 7/1/2016 | | | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | | | |
| | LACVECAC Newsday 20100 | Contingent | | | | | | | |
| | LAS VEGAS Nevada 89102 City State Zip Code | Unliquidated | | | | | | | |
| | Who incurred the debt? Check one. | Disputed | | | | | | | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | | | | |
| | Debtor 2 only | <u></u> | | | | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | | |
| | 븜 | | | | | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | Is the claim subject to offset? | ✓ 001 Collection; Collecting for | | | | | | | |
| | ✓ No | ORIGINAL CREDITOR: COM ED | | | | | | | |
| | Yes | Other. Specify <u>- COMMONWEALTH EDISON</u> | | | | | | | |
| 4.2 | Advocate Christ Hospital of Illinois | Last 4 digits of account number | \$3,000.00 | | | | | | |
| | Nonpriority Creditor's Name 4440 W 95th St | When was the debt incurred? | | | | | | | |
| | Number Street | <u></u> | | | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | | | | | |
| | | Contingent | | | | | | | |
| | Oak Lawn Illinois 60453 | Unliquidated | | | | | | | |
| | City State Zip Code | Disputed | | | | | | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | | | | | | |
| | Debtor 1 only | <u></u> | | | | | | | |
| | Debtor 2 only | Student loans | | | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | | |
| | At least one of the debtors and another | | | | | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | Is the claim subject to offset? | ✓ Other. Specify <u>Unsecured</u> | | | | | | | |
| | ✓ No | | | | | | | | |
| | Yes | | | | | | | | |
| 4 0 | | | ФО 074 02 | | | | | | |
| 4.3 | ASCENSION SERVICES L P Nonpriority Creditor's Name | Last 4 digits of account number8977 | \$2,074.00 | | | | | | |
| | 1500 N NORWOOD STE 204 | When was the debt incurred? 7/1/2014 | | | | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | | | | |
| | | Contingent | | | | | | | |
| | HURST Texas 76054 | | | | | | | | |
| | City State Zip Code | Unliquidated | | | | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | | | | | | | |
| | 블 | Type of NONPRIORITY unsecured claim: | | | | | | | |
| | Debtor 2 only | Student loans | | | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce | | | | | | | |
| | At least one of the debtors and another | that you did not report as priority claims | | | | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | | | | | | | |
| | Is the claim subject to offset? | debts Other Specify 2001 Halmouri conTine | | | | | | | |
| | ✓ No | ✓ Other. Specify 001 UnknownLoanType | | | | | | | |
| | Yes | | | | | | | | |
| | | | | | | | | | |

Entered 09/27/16 17:18:14 Desc Main Case 16-30768 Doc 1 Filed 09/27/16 Page 25 of 71 Document

Debtor 1 Paris Latrice Jones Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 CB/VICSCRT \$616.00 Last 4 digits of account number ____ Nonpriority Creditor's Name 220 W SCHROCK RD When was the debt incurred? 12/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent WESTERVILLE Ohio 43081 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify_ **✓** No Yes 4.5 City of Chicago Parking \$900.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent 60602 Chicago Illinois Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Unsecured Other. Specify **✓** No Yes 4.6 **DIVERSIFIED** \$251.00 Last 4 digits of account number ____ Nonpriority Creditor's Name Po Box 1391 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Michigan 48195 Southgate Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? **✓** 001 Collection; Collecting for \checkmark No

Yes

Other. Specify

ORIGINAL CREDITOR: 11

COMCAST

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 26 of 71

Debtor 1 Paris Latrice Jones Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 **HARRIS** \$467.00 Last 4 digits of account number Nonpriority Creditor's Name 111 WEST JACKSON B SUITE 400 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent CHICAGO Illi<u>nois</u> 60604 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? **✓** Collection; Collecting for **✓** No **ORIGINAL CREDITOR: 10** Other. Specify_ PEOPLES GAS Yes 4.8 JB Robinson \$900.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 375 Ghent Rd Number As of the date you file, the claim is: Check all that apply. Contingent 44333 Akron Ohio Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Unsecured Other. Specify **✓** No Yes JOHN H CURRIE LAW OFFICE 4.9 \$13,200.00 Last 4 digits of account number Nonpriority Creditor's Name 200 W Adams St Ste 2004 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60606 State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Unsecured Is the claim subject to offset?

✓ No Yes

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 27 of 71

Debtor 1 Paris Latrice Jones Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Mercy Hospital \$4,000.00 Last 4 digits of account number Nonpriority Creditor's Name 2525 S. Michigan Avenue When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60616 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ✓ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt ✓ Other. Specify _ Unsecured Is the claim subject to offset? **✓** No Yes 4.11 MOHELA/DEPT OF ED \$8,006.00 Last 4 digits of account number 0003 Nonpriority Creditor's Name 633 SPIRÍT DR When was the debt incurred? 8/1/2008 Number Street As of the date you file, the claim is: Check all that apply. Contingent CHESTERFIELD Montana 63005 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify **✓** No Yes MOHELA/DEPT OF ED 4.12 \$4,426.00 Last 4 digits of account number Nonpriority Creditor's Name 633 SPIRÍT DR When was the debt incurred? 8/1/2008 Number Street As of the date you file, the claim is: Check all that apply. Contingent CHESTERFIELD 63005 Montana Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed | ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify **V** No

Yes

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 28 of 71

Debtor 1 Paris Latrice Jones Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** MOHELA/DEPT OF ED 4.13 \$2,179.00 Last 4 digits of account number Nonpriority Creditor's Name 633 SPIRIT DR When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent CHESTERFIELD 63005 Montana Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify **✓** No Yes MOHELA/DEPT OF ED 4.14 \$1,570.00 Last 4 digits of account number 0004 Nonpriority Creditor's Name 633 SPIRÍT DR When was the debt incurred? 2/1/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent CHESTERFIELD 63005 Montana Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.15 MOHELA/DEPT OF ED \$1,508.00 Last 4 digits of account number _ Nonpriority Creditor's Name 633 SPIRÍT DR When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent CHESTERFIELD Montana 63005 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify_ **✓** No

Yes

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Page 29 of 71 Document

Debtor 1 Paris Latrice Jones Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 OAC \$157.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 500 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **BARABOO** Wisconsin 53913 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Collection; Collecting for **✓** No ORIGINAL CREDITOR: Other. Specify **MEDICAL** Yes 4.17 OAC \$64.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 500 7/1/2015 Street Number As of the date you file, the claim is: Check all that apply. Contingent 53913 **BARABOO** Wisconsin Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Collection; Collecting for **| V** No ORIGINAL CREDITOR: Other. Specify **MEDICAL** | Yes SECURITY CREDIT SERVIC 4.18 \$1,300.00 Last 4 digits of account number _ Nonpriority Creditor's Name 2653 W OXFORD LOOP When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **OXFORD** Mississippi 38655 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? **✓** 001 Collection; Collecting for **✓** No

Yes

Other. Specify

ORIGINAL CREDITOR: TEMPOE

LLC

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 30 of 71

| Debtor 1 | Paris | Latrice | Jones | Case number (if known) | |
|----------|--|-------------------------|----------------------------|---|-------------|
| | First Name | Middle Name | Last Name | | |
| art 2: | Your NONPRIORITY | Unsecured Claims - | Continuation Page | | |
| A | After listing any entries on | this page, number them | beginning with 4.5, follow | wed by 4.6, and so forth. | Total claim |
| | /ictoria Secrets | | Last 4 digits | of account number | \$500.00 |
| <u>F</u> | Nonpriority Creditor's Name PO Box 659728 | | • | ne debt incurred?n/a | |
| ١ | Number Street | | As of the dat | e you file, the claim is: Check all that apply. | |
| _ | San Antonio Te | exas 78265 | Continge | nt | |
| | | ate Zip Coc | de Unliquida | ated | |
| | Who incurred the debt? C Debtor 1 only | Check one. | Disputed | | |
| Ľ | ≌ ′ | | Type of NON | PRIORITY unsecured claim: | |
| Ļ | Debtor 2 only Debtor 1 and Debtor 2 or | oh. | Student lo | pans | |
| <u> </u> | At least one of the debtor | • | | ns arising out of a separation agreement or di did not report as priority claims | vorce |
| | Check if this claim rela | ates to a community deb | t Debts to debts | pension or profit-sharing plans, and other sim | ilar |
| _ | s the claim subject to offs ✓ No | set? | ✓ Other. Sp | pecify Unsecured | |
| Ī | Yes | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 31 of 71

| Debtor 1 | Paris | Latric | ce | Jones | Case number (if | f known) | | |
|-------------|--|------------------------|----------------|--|--|--|--|--|
| | First Name | e Middle | Name | Last Name | | | | |
| art 3: | List Ot | hers to Be Notified Ab | out a Debt Tha | t You Already Li | sted | | | |
| coll age | se this page only if you have others to be notified about ollection agency is trying to collect from you for a debt you gency here. Similarly, if you have more than one creditor to do not have additional persons to be notified for any | | | ou owe to someone for any of the debts | else, list the original cr that you listed in Parts | reditor in Parts 1 or 2, then list the collection 1 or 2, list the additional creditors here. If | | |
| Gei | ico | | | - 0 | Dowl 4 on Dowl 0 all al | liet the enimal and literO | | |
| Nar | ne | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| One | e GEICO | Plaza Bethesda | | Line 4.9 | of (Check | art 1: Creditors with Priority Unsecured Claims | | |
| Nur | lumber Street | | one): | | art 2: Creditors with Nonpriority Unsecured laims | | | |
| Bet | hesda | Maryland | 20810 | Last 4 digits of a | count number | | | |
| City | y | State | Zip Code | _ | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 32 of 71

Paris Debtor 1 Latrice Jones Case number (if known) First Name Middle Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b. \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$17,689.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. debts \$27,638.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

\$45,327.00

6j.

6j. Total. Add lines 6f through 6i.

Entered 09/27/16 17:18:14 Desc Main Case 16-30768 Doc 1 Filed 09/27/16 Page 33 of 71 Document

| Fill in this in | formation to identify your case |) : | | |
|-----------------|---------------------------------|---------------|--|------------------------------------|
| Debtor 1 | Paris | Latrice | Jones | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if | filing) First Name | Middle Name | Last Name | |
| United State | es Bankruptcy Court for the: | Northern | District of Illinois | |
| | | | (State) | |
| Case numb | er | | | |
| Officia | al Form 106G | | | Check if this is an amended filing |
| Sched | lule G: Execute | ory Contracts | and Unexpired Leases | 12/15 |
| space is ne | | | are filing together, both are equally responsible for entries, and attach it to this page. On the top of an | |

f more ame and case number (if known).

- 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 34 of 71

| Fill in this infor | mation to identify your cas | e: | | |
|-----------------------|---------------------------------|----------------------------------|------------------------------|--|
| Debtor 1 | Paris | Latrice | Jones | |
| Debior 1 | First Name | Middle Name | Last Name | - |
| Debtor 2 | · | | | _ |
| (Spouse, if filin | g) First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court for the: | Northern | District of Illinois | _ |
| Case number | | | (State) | |
| (If known) | | | | _ |
| | | | | Check if this is an |
| O((, - , - 1 | T 400LL | | | amended filing |
| Official | Form 106H | | | |
| Schedu | le H: Your Co | odebtors | | 12/15 |
| No Yes 2. Within the | e last 8 years, have you | . | • • | nunity property states and territories include Arizona, California, |
| | Go to line 3. | | | |
| | | pouse, or legal equivalent liv | e with you at the time? | |
| | No Yes. In which community : | state or territory did you live? | Fill in the | e name and current address of that person. |
| | Name of your spouse, f | ormer spouse, or legal equiv | alent | |
| | Number Street | | | |
| | City | State | Zip Code | |
| again as a | a codebtor only if that p | erson is a guarantor or co | signer. Make sure you have I | spouse is filing with you. List the person shown in line 2 isted the creditor on Schedule D (Official Form 106D), D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Official Form 106H Schedule H: Your Codebtors page 1

Column 1: Your codebtor

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 35 of 71

| Fill in this information to iden | tify your cooc | | | | |
|---|--|-------------------------------|-------------------|--------------------|---|
| Fill in this information to ider | | | | | |
| Debtor 1 Paris First Name | Latrice Middle Name | Jones Last Nan | ne | _ | |
| Debtor 2 | Middle Name | Lastivan | 10 | | Check if this is: |
| (Spouse, if filing) First Name | Middle Name | Last Nan | ne | - | An amended filing |
| United States Bankruptcy Court for th | e: Northern | District of Illing | | _ | A supplement showing post-petition chapter 1 expenses as of the following date: |
| Case number (If known) | | (Sta | .e) | _ | MM / DD / NOVO/ |
| <u> </u> | | | | | MM / DD / YYYY |
| Official Form 106l Schedule I: Your II | ncome | | | | 12/1: |
| | our spouse. If more spa name and case numbe | ace is needed | , attach a s | eparate sh | ise is not filing with you, do not eet to this form. On the top of any n. |
| Fill in your employment | | Debtor 1 | | | Debtor 2 |
| information. | Employment status | ✓ Employed | 1 | | Employed |
| If you have more than one job, | | Not Empl | | | Not Employed |
| attach a separate page wi information about addition employers. | | | | | |
| | Employer's name | Open Kitcher | ns, Inc. | | |
| Include part time, seasons or | ^{al,} Employer's address | 1161 W. 21st Number Street | PI. | | Number Street |
| self-employed work. Occupation may include | | | | | |
| student | | - | | | |
| or homemaker, if it applies | 5. | Chicago City | Illinois State | 60608 Zip Code | City State Zip Code |
| | How long employed there? | | | | |
| Part 2: Give Details Abou | | | | | |
| Estimate monthly income as of t you are separated. | he date you file this form. If y | ou have nothing to | report for any | line, write \$0 in | the space. Include your non-filing spouse unless |
| If you or your non-filing spouse have attach a separate sheet to this form. | more than one employer, comb | ine the information | for all employe | ers for that perso | on on the lines below. If you need more space, |
| , | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, so deductions.) If not paid monthly | alary, and commissions (befo | | | \$1,217.15 | |
| | | • | | | |
| 3. Estimate and list monthly or | vertime pay. | 3 | | + \$0.00 | |

Official Form 106I Schedule I: Your Income page 1

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 36 of 71

| Debtor 1 Paris | | Jones | Case number | (if known) | |
|--|---|-------------------------|------------------------|-----------------------------------|-------------------------|
| First Name | Middle Name L | _ast Name | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy line 4 here | | 4. | \$1,217.15 | | |
| 5. List all payroll deductions: | | | | | |
| 5a. Tax, Medicare, and Social Se | curity deductions | 5a. | \$254.50 | | |
| 5b. Mandatory contributions for | • | 5b. | \$0.00 | | |
| 5c. Voluntary contributions for | • | 5c. | \$0.00 | | |
| 5d. Required repayments of reti | • | 5d. | \$0.00 | | |
| 5e. Insurance | | 5e. | \$0.00 | | |
| 5f. Domestic support obligation | ns | 5f. | \$0.00 | | |
| 5g. Union dues | | 5g. | \$0.00 | | |
| 5h. Other deductions. Specify: _ | | • | \$0.00 + | | |
| 6. Add the payroll deductions. Add +5h. | | ·- | \$254.50 | | |
| 7. Calculate total monthly take-hon | ne pay. Subtract line 6 from line 4. | 7. | \$962.65 | | |
| 8. List all other income regularly re | ceived: | | | | |
| receipts, ordinary and necessar | | I | \$60.00 | | |
| monthly net income. 8b. Interest and dividends | | 8a. ₋ 8b. | \$0.00 | | |
| 8c. Family support payments th dependent regularly receive Include alimony, spousal suppo divorce settlement, and property | rt, child support, maintenance, | • | \$0.00 | | |
| 8d. Unemployment compensation | | 8d. | \$0.00 | | |
| 8e. Social Security | | 8e. | \$0.00 | | |
| assistance that you receive, suc the Supplemental Nutrition Ass subsidies | value (if known) of any non-cash h as food stamps (benefits under istance Program) or housing | | | | |
| | | _ 8f. | \$0.00 | | |
| 8g. Pension or retirement incom | | 8g. | \$0.00 | | |
| 8h. Other monthly income. Spec | • | 8h. + _ | \$0.00 + | · | |
| 9. Add all other income Add lines 8a | a + 8b + 8c + 8d + 8e + 8f +8g + 8 | h. 9 | \$60.00 | | |
| 10. Calculate monthly income. Add Add the entries in line 10 for Debto | | 10 | \$1,022.65 | - = | \$1,022.65 |
| State all other regular contribut Include contributions from an unma relatives. Do not include any amounts alread | irried partner, members of your hou | usehold, your depe | ndents, your roommates | • | |
| Specify: | | | | 11 | . + \$0.00 |
| <u> </u> | | | | | |
| Add the amount in the last columniate with the summary | | | | | \$1,022.65 |
| 13. Do you expect an increase or do | ecrease within the year after you | ı file this form? | | | Combined monthly income |
| ✓ No. | | | | | |
| Yes. Explain: | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 37 of 71

| Fill in this infor | mation to identify your c | ase: | | | | |
|-----------------------|--|--|--|----------------------|--------------------------|--------------|
| Debtor 1 | Paris | Latrice | Jones | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | (a) | AC-1 II A1 | | Check if this is: | | |
| (Spouse, if filing | (9) First Name | Middle Name | Last Name | An amended filing | j | |
| United States | Bankruptcy Court for the | : Northern | District of Illinois | A supplement sho | | n chapter 13 |
| Case number | | | (State) | expenses as of th | e following date: | |
| (If known) | | | | MM / DD / YYYY | , | |
| Official | Form 106J | | | | | |
| | le J: Your E | xpenses | | | | 12/15 |
| Be as complet | e and accurate as pos | sible. If two married people are | e filing together, both are equally | | | |
| | more space is needed swer every question. | a, attach another sheet to this i | form. On the top of any additiona | pages, write your na | me and case nu | mber |
| Part 1: Des | cribe Your House | hold | | | | |
| 1. Is this a joi | nt case? | | | | | |
| ✓ No. G | o to line 2 | | | | | |
| Yes. D | oes Debtor 2 live in a | separate household? | | | | |
| [| No | | | | | |
| | Yes. Debtor 2 must | file Official Forms 106J-2, Expens | ses for Separate Household of Debto | or 2. | | |
| 2. Do you hav | | No | | | | |
| Do not list Debtor 2. | | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does depend with you? | ent live |
| | penses include of people other | No | | | | |
| than | | Yes | | | | |
| yourself an dependent | d your \square | 163 | | | | |
| | | | | | | |
| Part 2: Est | mate Your Ongoin | g Monthly Expenses | | | | |
| _ | of a date after the ban | | ou are using this form as a supp plemental Schedule J, check the | • | • | 10 |
| | | n-cash government assistance I it on Schedule I: Your Income | | | You | ır expenses |
| 4. The renta | or home ownership e | xpenses for your residence. In | clude first mortgage payments and | | | \$300.00 |
| 1 | or the ground or lot. 4. | | | | 4. | |
| | luded in line 4: | | | | | |
| | estate taxes | | | | 4a <u> </u> | \$0.00 |
| 4b. Prope | rty, homeowner's, or ren | ter's insurance | | | 4b. | \$0.00 |
| 4c. Home | maintenance, repair, and | d upkeep expenses | | | 4c. | \$0.00 |
| 4d. Home | owner's association or c | ondominium dues | | | 4d. | \$0.00 |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 38 of 71

Jones

Debtor 1

Paris

Latrice

Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$0.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$150.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$280.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$90.00 10. Personal care products and services \$85.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$120.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$0.00 15d. Other insurance. Specify: ___ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: __ \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 39 of 71

| Debtor 1 | Paris | Latrice | Jones | Case number (if known) | | | | | | | | |
|------------------|--------------------------------------|--|------------------------------|------------------------|-----|------------|--|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | | | | |
| 21.Other | . Specify: | | | | 21 | \$0.00 | | | | | | |
| | | | | | | | | | | | | |
| 22. Calcu | 22. Calculate your monthly expenses. | | | | | | | | | | | |
| 22a. A | dd lines 4 through 21. | | \$0.00 | | | | | | | | | |
| 22b. C | Copy line 22 (monthly e | | \$1,025.00 | | | | | | | | | |
| 22c. A | dd line 22a and 22b. T | he result is your monthly expens | ses. | | 22. | | | | | | | |
| 23.Calcu | late your monthly ne | et income. | | | | | | | | | | |
| 23a. C | copy line 12 (your com | bined monthly income) from Sch | edule I. | | 23a | \$1,022.65 | | | | | | |
| 23b. C | copy your monthly expe | enses from line 22 above. | | | 23b | \$1,025.00 | | | | | | |
| 23c. S | ubtract your monthly e | xpenses from your monthly incor | ne. | | | (\$2.35) | | | | | | |
| | The result is your mon | thly net income. | | | 23c | | | | | | | |
| 24. Do yo | ou expect an increas | e or decrease in your expense | es within the year after you | u file this form? | | | | | | | | |
| | • | | | | | | | | | | | |
| | | t to finish paying for your car loan ase or decrease because of a m | | | | | | | | | | |
| √ N | 10 | | | | | | | | | | | |
| | /o.o. | | | | | | | | | | | |
| Ш, | ⁄es | | | | | | | | | | | |
| | Explain here: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 40 of 71

| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1 | Paris | Latrice | Jones | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filin | g) First Name | Middle Name | Last Name | | | | | |
| United States B | Bankruptcy Court for the: | Northern | District of Illinois | | | | | |
| | | | (State) | | | | | |
| Case number | | | | | | | | |
| (If known) | | | | | | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below | | | | | | | | |
|-----|--|---|--|--|--|--|--|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | | |
| | ✓ No | | | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | | | |
| × | /s/ Paris Jones | × | | | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | | | |
| | Date 9/27/2016 | Date | | | | | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | | | | | |

Desc Main

| | | Case 16-3076 | | | e 41 of 71 | 1:14 Des |
|-----------------|----------------------|-----------------------------|-------------------------------|---------------------------|---|----------------|
| Fill in | this inforn | nation to identify your cas | e: | | | |
| Debte | or 1 | Paris | Latrice | Jones | | |
| | | First Name | Middle Name | Last Name | | |
| Debte (Spot | | First Name | Middle Name | Last Name | | |
| Unite | ed States E | Sankruptcy Court for the: | Northern | District of Illinois | | |
| | | | | (State) | | |
| Case (If kno | number | | | | | |
| Be as | complete is neede | and accurate as possi | ble. If two married people | are filing together, be | Filing for Bank oth are equally responsible for ges, write your name and case | supplying corr |
| Part ' | 1: Give | Details About You | r Marital Status and | Where You Lived | Before | |
| 1. | What is | your current marital st | atus? | | | |
| | Mai | rried | | | | |
| | ✓ Not | married | | | | |
| 2. | During t | he last 3 years, have yo | u lived anywhere other th | an where you live nov | ? | |
| | No You | List all of the places you | lived in the last 2 years. Do | aat ingluda whara yay liy | o now | |

Check if this is an amended filing

12/15

rect information. If more wn). Answer every

| 2. | ✓ Not married During the last 3 years, have you lived anywhere No ✓ Yes. List all of the places you lived in the last 3 years. | | | • | | | | | |
|----|--|--------------------------------------|--------------------|---|---------------------------------|---------------------|----------------------------|-----------------------------|--|
| | Debtor 1: | | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there | | |
| | | 2742 W. 61st Street Number Street | | From To | Same as Debtor 1 Number Street | | | Same as Debtor 1 From To | |
| | Chicago City | Illinois State | 60629 Zip Code | | City Same a | State s Debtor 1 | Zip Code | Same as Debtor 1 | |
| | Number Street | et | | From | Number Street | | | From To | |
| | City | State | Zip Code | | City | State | Zip Code | | |
| | territories include Ar | izona, Californi | a, Idaho, Louisian | pouse or legal equivalent in a, Nevada, New Mexico, Pue lebtors (Official Form 106H). | rto Rico, Texas, | | | mmunity property states and | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 42 of 71

| Debt | or 1 | | | Jones | | number | (if known) | | | |
|--------|--|--|--|-----------|---|--------|--|--|--|--|
| | | First Name Midd | dle Name | Last Nam | ne | | | | | |
| Part | 2: | Explain the Sources of Your | Income | | | | | | | |
| | Fill i | you have any income from employ in the total amount of income you receivities. If you are filing a joint case and you no Yes. Fill in the details. | ved from all jobs and a | II busine | sses, including part-time | | | ears? | | |
| | _ | | Debtor 1 | | | Del | btor 2 | | | |
| | | | Sources of income Check all that apply. | e | Gross income (before deductions and exclusions) | | urces of income eck all that apply. | Gross income (before deductions and exclusions) | | |
| | | rom January 1 of current year until ne date you filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips ☐ Operating a business | | \$6584.63 | | Wages, commissions, bonuses, tips Operating a business | | | |
| | | or last calendar year: lanuary 1 to December 31, 2015 YYYY | ✓ Wages, commissions, bonuses, tips Operating a business | | \$8808.41 | | Wages, commissions, bonuses, tips Operating a business | | | |
| | | or the calendar year before that: lanuary 1 to December 31, 2014 | Wages, commissions, bonuses, tips Operating a business | | \$8963.00 | | Wages, commissions, bonuses, tips Operating a business | | | |
| l b | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. | | | | | | | | | |
| [| | Yes. Fill in the details. | _ | | | | | | | |
| | | | Debtor 1 | | | De | ebtor 2 | | | |
| | | | Sources of incor Describe below. | me | Gross income from each source (before deductions and exclusions) | | ources of income escribe below. | Gross income from each source (before deductions and exclusions) | | |
| | | From January 1 of current year until he date you filed for bankruptcy: | | | | _ | | | | |
| | | For last calendar year: January 1 to December 31, 2015 YYYY |) | | | _ | | | | |
| | | For the calendar year before that: January 1 to December 31, 2014 YYYY | | | | _ | | | | |
| | | | | | | _ | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 43 of 71

Debtor 1 Paris Paris Case number (if known) Latrice Jones First Name Middle Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City Zip Code State vendors Other

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 44 of 71

| Debtor 1 | Paris | Latrice | Jo | nes | Case number (| if known) |
|----------------------|----------------------------------|---|--------------------------------------|--|---|---|
| | First Name | Middle Name | | st Name | | , |
| Insid corp age | ders include your releases | rou filed for bankruptcy, d atives; any general partners ou are an officer, director, pe a business you operate as a d alimony. | relatives of any rson in control, or | general partners; part r owner of 20% or mo | tnerships of which y re of their voting se | ou are a general partner; curities; and any managing |
| 범 | | | | | | |
| Ц | Yes. List all paymer | its to an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| _ | City S | State Zip Code | | | | |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| | City S | State Zip Code | | | | |
| insid Inclu | der? de payments on deb No | ots guaranteed or cosigned b | | payments or trans | fer any property o | n account of a debt that benefited an |
| Ц | Yes. List all paymen | ts that benefited an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | | | | • | | Include creditor's name |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| - | City S | state Zip Code | | | | |
| | Insider's Name | | | · | | |
| | Number Street | | | | | |
| | | | | | | |
| | City S | itate Zip Code | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 45 of 71

| Debto | or 1 | | Latrice | | Jones | (| Case number (if | known) | |
|-------|-------|---|---|--------|-------------------|-------------|-----------------|----------|-------------------------------------|
| | | First Name | Middle Name | | Last Name | | | | |
| art 4 | 4: | Identify Legal A | Actions, Reposses | sions, | and Foreclosure | es | | | |
| L | ist a | | u filed for bankruptcy, ding personal injury cas | | | | | | ng? r custody modifications, and |
| Ŀ | = | No Yes. Fill in the details | | | | | | | |
| - | _ | res. I ili ili tile detalle | | Nature | of the case | Court or | agency | | Status of the case |
| | | Case title | | | | | | | Pending |
| | | | | | | Court Nar | ne | | On appeal |
| | | Case number | | | | NumberSt | treet | | Concluded |
| | | | | | | | | | |
| | | | | | | City | State | Zip Code | |
| | | Case title | | | | | | | Pending |
| | | Cooperation | | | | Court Nar | ne | | On appeal |
| | | Case number | | | | NumberSt | treet | | Concluded |
| | | | | | | | | | |
| | | | | | | City | State | Zip Code | |
| | | No. Go to line 11. Yes. Fill in the inforr | nation below. | | Describe the prop | erty | | Date | Value of the property |
| | | | | | | | | | |
| | | Creditor's Name | | | Explain what happ | nened | | | |
| | | Number Street | | | Explain What happ | Jerieu | | | |
| | | | | | Property was re | epossessed. | | | |
| | | - | | | Property was fo | | | | |
| | | City | State Zip Coo | de. | Property was g | | or levied | | |
| | | | | | Describe the prop | | , or loviou. | Date | Value of the property |
| | | | | | | | | | |
| | | Creditor's Name | | | | | | | |
| | | | | | Explain what happ | pened | | | |
| | | Number Street | | | D 5 | | | | |
| | | | | | Property was re | | | | |
| | | | | | Property was g | | | | |
| | | City | State Zip Cod | de | Property was a | | , or levied. | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 46 of 71

| Debte | or 1 | Paris First Name | Latrice Middle Name | Jones Last Name | Case number (if known) | | |
|-------|----------|--|--------------------------|-----------------------------|---------------------------------|--------------------------|---------------------|
| | | hin 90 days before you filed ounts or refuse to make a pa | | | ank or financial institution, s | et off any amou | nts from your |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | | | | Describe the action the | e creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | | |
| | | Number Street | | Last 4 digits of account no | umber: XXXX- | | |
| | | City State | Zip Code | | | | |
| | | hin 1 year before you filed fo ointed receiver, a custodiar | | of your property in the p | oossession of an assignee fo | or the benefit of | creditors, a court- |
| | ✓ | No Yes | | | | | |
| Part | | List Certain Gifts and | | | | | |
| 13. | Wi | thin 2 years before you filed No | l for bankruptcy, did yo | ou give any gifts with a to | tal value of more than \$600 | per person? | |
| | | Yes. Fill in the details for each | ch gift. | | | | |
| | | Gifts with a total value of per person | more than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | D | 0.7 | | | | |
| | | Person to Whom You Gave th | ne Gift | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | Person to Whom You Gave th | ne Gift | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | , ,,,, | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 47 of 71

| Deb | tor 1 | Paris First Name | Latrice Middle Name | Jones Last Name | Case number (if known) | | |
|------|-------|---|---|---|------------------------------|-------------------------|------------------------|
| 14. | Wit | hin 2 years before you | filed for bankruptcy did | you give any gifts or contrib | utions with a total value of | more than \$600 | to any charity? |
| 1-7. | | No | med for bankruptcy, did | you give any gins or contrib | utions with a total value of | more than \$000 | io arry criarity: |
| | Ħ | | each gift or contribution. | | | | |
| | _ | Gifts or contributions that total more than \$ | to charities | Describe what you cont | ributed | Date you contributed | Value |
| | | | | _ | | | |
| | | Charity's Name | | _ | | | |
| | | N | | <u>-</u> | | | |
| | | Number Street | | | | | |
| | | City Stat | e Zip Code | - | | | |
| Part | 6: | List Certain Losse | s | | | | |
| | gam | No Yes. Fill in the details. Describe the property how the loss occurred | • | Describe any insurance Include the amount that ins pending insurance claims | surance has paid. List | Date of your loss | Value of property lost |
| | | | | A/B: Property. | | | |
| | | | | | | | |
| | | | or preparing a bankrupt ptcy petition preparers, or | credit counseling agencies for s Description and value o | | cruptcy. Date payment | Amount of |
| | | | | transferred | гану ргорену | or transfer was made | payment |
| | | Semrad Law Firm | | Attorney's Fee - 0.00 | | 9/27/2016 | \$0.00 |
| | | Person Who Was Paid 20 South Clark Street 28 | Rth Floor | | | | |
| | | Number Street | 5.111 1001 | - | | | |
| | | Chicago Illino | ois 60606 | - | | | |
| | | City Stat | | - | | | |
| | | Email or website addres | ss | - | | | |
| | | Person Who Made the F | Payment, if Not You | | | | |
| | | Person Who Was Paid | | - | | | |
| | | Number Street | | · | | | |
| | | City Stat | e Zip Code | - | | | |
| | | Email or website addres | ss | - | | | |
| | | Person Who Made the F | Payment, if Not You | - | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 48 of 71

| Deb | tor 1 | Paris | Latrice | Jones | Case number (if known) | |
|-----|-------|--|------------------------|---|--|------------------------------------|
| | | First Name | Middle Name | Last Name | | |
| 17. | help | o you deal with your creditor not include any payment or tran No | s or to make payments | s to your creditors? | our behalf pay or transfer any proper | ty to anyone who promised to |
| | Ш | Yes. Fill in the details. | | | | |
| | | | | Description and value of transferred | any property Date payment transfer made | |
| | | Person Who Was Paid | | | | |
| | | Number Street | | | | |
| | | City State | Zip Code | | | |
| | | Oity Otato | Zip Oodc | | | |
| | Inclu | ordinary course of your bus ude both outright transfers and sfers that you have already liste No Yes. Fill in the details. | transfers made as secu | | security interest or mortgage on your p | roperty). Do not include gifts and |
| | | | | Description and value of property transferred | any Describe any property payments received or in exchange | |
| | | Person Who Received Trans | fer | | | |
| | | Number Street | | | | |
| | | City State Person's relationship to you | Zip Code | | | |
| | | Person Who Received Trans | fer | | | |
| | | Number Street | | | | |
| | | City State Person's relationship to you | Zip Code | | | |
| 19. | | hin 10 years before you filed ese are often called asset-prote | | ou transfer any property to | a self-settled trust or similar device o | of which you are a beneficiary? |
| | | No Yes. Fill in the details. | | | | |
| | _ | 33.00 | | Description and value o | f the property transferred | Date transfer was made |
| | | Name of trust | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 49 of 71

| Debtor 1 | Paris First Name | Latrice Middle Name | Jones Last Name | Case number (if known) | |
|-------------------|--|----------------------------|--------------------------------------|--|---|
| Part 8: | Ī | | | Boxes, and Storage Units | |
| | | | - | <u> </u> | |
| mo Incl | ved, or transferred? | noney market, or other fin | nancial accounts; certificates of de | eposit; shares in banks, credit unions, brok | |
| ✓ | No Yes. Fill in the details. | | | | |
| | | | Last 4 digits of account number | instrument a | Date Last balance before closed, sold, noved, or transfer cransferred |
| | Person Who Was Paid | | _ XXXX- | Checking Savings | |
| | Number Street | | - | Money market Brokerage Other | |
| | City Stat | e Zip Code | _ | | |
| | Person Who Was Paid | | _ XXXX- | ☐ Checking ☐ Savings | |
| | Number Street | | - | | |
| | | | | Other | |
| | City Stat | e Zip Code | | | |
| | you now have, or did y er valuables? No Yes. Fill in the details. | ou nave within 1 year i | Who else had access to it? | any safe deposit box or other depositions and safe depositions are safe depositions. | |
| | Name of Financial Inst | itution | Name | | □ No |
| | Number Street | | Number Street | | Yes |
| | | | City State | Zip Code | |
| | City State | e Zip Code | | | |
| 22. Ha | ve you stored property | in a storage unit or pla | ace other than your home with | in 1 year before you filed for bankrupt | cy? |
| ✓ | No Yes. Fill in the details. | | | | |
| | | | Who else had access to it? | Describe the contents | Do you still have it? |
| | Name of Storage Faci | lity | Name | | ☐ No ☐ Yes |
| | Number Street | | Number Street | | |
| | | | City State | Zip Code | |
| | | | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 50 of 71

| _ | First Name Middle Name | Last Name | |
|-------------------|--|---|---|
| t 9: | Identify Property You Hold or Co | ntrol for Someone Else | |
| D- | | and the same of the lands are a second to the same of | |
| | you nold or control any property that son neone. | neone else owns? Include any property you borrowed fro | om, are storing for, or noid in trust for |
| | | | |
| ✓ | No | | |
| | Yes. Fill in the details. | | |
| | | Where is the property? Describe | e the contents Value |
| | | _ | |
| | Owner's Name | Number Street | |
| | Number Street | | |
| | Number Street | | |
| | | City State Zip Code | |
| | | _ | |
| | City State Zip Code | | |
| t 10: | Give Details About Environment | al Information | |
| | | | |
| the p | ourpose of Part 10, the following definitions ap | ply: | |
| ■ E | Environmental law means any federal, state, o | r local statute or regulation concerning pollution, contamination | n, releases of |
| | • | erial into the air, land, soil, surface water, groundwater, or other | |
| ir | ncluding statutes or regulations controlling the | cleanup of these substances, wastes, or material. | |
| . S | Site means any location, facility, or property as | defined under any environmental law, whether you now own, op | perate, or utilize it |
| 0 | or used to own, operate, or utilize it, including | disposal sites. | |
| - <i>F</i> | Hazardous material means anything an enviror | nmental law defines as a hazardous waste, hazardous substanc | 20 |
| | oxic substance, hazardous material, pollutant, | | λο, |
| | | Contaminant, or similar term. | |
| | | | |
| port a | all notices, releases, and proceedings that you | know about, regardless of when they occurred. | |
| | | know about, regardless of when they occurred. | |
| | | | on of an environmental law? |
| | | know about, regardless of when they occurred. | on of an environmental law? |
| | s any governmental unit notified you that | know about, regardless of when they occurred. | on of an environmental law? |
| | s any governmental unit notified you that | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio | |
| | s any governmental unit notified you that | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio | on of an environmental law? mental law, if you know it Date of notice |
| | s any governmental unit notified you that | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio | mental law, if you know it Date of |
| | s any governmental unit notified you that | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio | mental law, if you know it Date of |
| | No Yes. Fill in the details. Name of site | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit | mental law, if you know it Date of |
| | s any governmental unit notified you that No Yes. Fill in the details. | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Environs | mental law, if you know it Date of |
| | No Yes. Fill in the details. Name of site | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street | mental law, if you know it Date of |
| | s any governmental unit notified you that No Yes. Fill in the details. Name of site Number Street | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit | mental law, if you know it Date of |
| | No Yes. Fill in the details. Name of site | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street | mental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street City State Zip Code | mental law, if you know it Date of |
| Has | s any governmental unit notified you that No Yes. Fill in the details. Name of site Number Street | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street City State Zip Code | mental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street City State Zip Code | mental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code ve you notified any governmental unit of a | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street City State Zip Code | mental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street City State Zip Code any release of hazardous material? | mental law, if you know it Date of |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street City State Zip Code any release of hazardous material? | mental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a No Yes. Fill in the details. | know about, regardless of when they occurred. Governmental unit | mental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a | know about, regardless of when they occurred. you may be liable or potentially liable under or in violatio Governmental unit Governmental unit Number Street City State Zip Code any release of hazardous material? | mental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a No Yes. Fill in the details. | know about, regardless of when they occurred. Governmental unit | mental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a No Yes. Fill in the details. | know about, regardless of when they occurred. Governmental unit | mental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a No Yes. Fill in the details. | know about, regardless of when they occurred. Governmental unit | mental law, if you know it Date of notice |
| Has | No Yes. Fill in the details. Name of site Number Street City State Zip Code Ve you notified any governmental unit of a No Yes. Fill in the details. | know about, regardless of when they occurred. Governmental unit | mental law, if you know it Date of notice |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 51 of 71

| Deb | tor 1 | Paris | | Latrice | Jones | Case | number (if known) | |
|------|-------------------------|-------------------------|------------------|------------------------|-------------------------------|------------------------|--|----------------|
| | | First Name | | Middle Name | Last Name | | | |
| 26. | Hav | e vou been a narty | in any judic | ial or administra | ative proceeding under | any environment | al law? Include settlements and order | ·s |
| 20. | | e you been a party | in any judic | iai oi adiiiiiistic | ative proceeding under | arry errymornment | ariaw: morade settlements and order | o. |
| | $\overline{\mathbf{A}}$ | No | | | | | | |
| | | Yes. Fill in the detail | ls. | | | | | |
| | | | | | Court or agency | | Nature of the case | Status of the |
| | | | | | | | | case |
| | | Case title | | | | | | □ Donding |
| | | | | | Court Name | | | Pending |
| | | | | | Courtivanic | | | On appeal |
| | | Case number | | | Number Street | | | |
| | | | | | | | | Concluded |
| | | | | • | City State | Zip Code | | |
| | | l., | | | | | | |
| Part | 111: | Give Details A | bout Your | Business or | Connections to An | ny Business | | |
| 27 | \A/i+I | nin 4 voors hoforo | vou filad for | hankruntov did | vou own a business or | have any of the fe | ollowing connections to any business | •2 |
| 27. | VVILI | iiii 4 years before | you med for | bariki upicy, uiu | you own a business or | nave any or the n | bildwing connections to any business |) : |
| | | A sole propriet | or or self-emp | oloyed in a trade, p | profession, or other activit | ty, either full-time o | r part-time | |
| | | A member of a | limited liabilit | y company (LLC) | or limited liability partners | ship (LLP) | | |
| | | A partner in a p | | | | | | |
| | | | | ging executive of | a corporation | | | |
| | | | | | y securities of a corporation | on | | |
| | | _ | | | , | | | |
| | $ ule{}$ | No. None of the abo | | | | | | |
| | | Yes. Check all that a | apply above a | nd fill in the details | s below for each business | i. | | |
| | | | | | Describe the natu | ure of the busines | | |
| | | | | | | | include Social Security no | umber or ITIN. |
| | | | | | | | EIN: | |
| | | Business Name | | | | | | |
| | | | | | _ | | Dates business existed | |
| | | Number Street | | | Name of account | ant or bookkeepe | | |
| | | | | | | • | From To | |
| | | City | State | Zip Code | | | 11011110 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Describe the natu | ure of the busines | | |
| | | | | | | | include Social Security no | umber or ITIN. |
| | | | | | _ | | EIN: | |
| | | Business Name | | | | | | |
| | | | | | _ | | Dates business existed | |
| | | Number Street | | | Name of account | ant or bookkeene | | |
| | | | | | _ | | | |
| | | City | State | Zip Code | | | FromTo | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Describe the natu | ure of the busines | s Employer Identification n | number Do not |
| | | | | | | | include Social Security no | |
| | | | | | | | EIN: | |
| | | Business Name | | | _ | | LIIV. | |
| | | | | | | | | |
| | | Number Street | | | | | Dates business existed | |
| | | | | | Name of account | ant or bookkeepe | | |
| | | City | State | Zip Code | | | From To | |
| | | - | | • | | | | |
| | | | | | | | | |
| | | | | | | | The state of the s | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 52 of 71

| Debt | or 1 | Paris | Latrice | Jones | Case number (if known) |
|------|------------|--|----------------------------|-------------------------------|--|
| | | First Name | Middle Name | Last Name | |
| | | nin 2 years before you file litors, or other parties. | ed for bankruptcy, did yo | ou give a financial stateme | nt to anyone about your business? Include all financial institutions, |
| | ✓ | No Yes. Fill in the details below | N. | | |
| | | | | Date issued | |
| | | Name | | MM/DD/YYYY | |
| | | Name | | | |
| | | Number Street | | _ | |
| | | - | | _ | |
| | | City Stat | e Zip Code | | |
| Part | 12: | Sign Below | | | |
| t | rue a | and correct. I understand ruptcy case can result in | I that making a false stat | tement, concealing proper | nts, and I declare under penalty of perjury that the answers are try, or obtaining money or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | /s/ Paris Jo | ones | | x |
| | | Signature of D | Debtor 1 | | Signature of Debtor 2 |
| | | Date 9/27/20 | 16 | | Date |
| г | Did v | ou attach additional pag | es to Your Statement of | Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| - | _ | | oo to rour otatomont or | T manolar / mano to: marvi | addio i iiiig ioi Daini apioy (omodi i omi 101). |
| Ľ | | lo v | | | |
| L | 」 ¹ | ⁄es | | | |
| | Did y | ou pay or agree to pay so | omeone who is not an at | torney to help you fill out b | ankruptcy forms? |
| | ✓ N | 10 | | | |
| | Y | es. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | | | Declaration, and Signature (Official Form 119) |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 53 of 71

| Fill in this information to identify your case: | | | | | |
|---|---------------------------|-------------|----------------------|---|--|
| Debtor 1 | Paris | Latrice | Jones | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if fili | ^{ng)} First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | _ | |
| Case number (If known) | | | (State) | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors

| 1. | For any creditor information belo | rs that you listed in Part 1 of Schedule D: Creditors I ow. | Who Have Claims Secured by Property (Official | al Form 106D), fill in the |
|----|--|---|--|--|
| | Identify the cred | litor and the property that is collateral | What do you intend to do with the property secures a debt? | that Did you claim the property as exempt on Schedule C? |
| | Creditor's name: GO FINAN Description of property securing debt: | 2007 DODGE CALIBER | ✓ Surrender the property. | No. Yes. |
| | Creditor's name: Description of property securing debt: | | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. |
| | Creditor's name: Description of property securing debt: | | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. |
| | Creditor's name: Description of property securing debt: | | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 54 of 71

| Debtor | Paris | Latrice | Jones | Case number (if | |
|------------|-----------------------------------|----------------------------|-------------------------------|---|--|
| 1 | First Name | Middle Name | Last Name | known) | |
| iot Vou | u Unavaired Dersenal Dr | anarty Lagge | | Part 2: | |
| | ur Unexpired Personal Pr | | chedule G: Executory Cont | tracts and Unexpired Leases (Official Form 106G), fill in the | |
| informa | tion below. Do not list real esta | te leases. Unexpired lea | ses are leases that are still | I in effect; the lease period has not yet ended. You may assume | |
| an unex | pired personal property lease | if the trustee does not as | ssume it. 11 U.S.C. § 365(p | o)(2). | |
| Des | cribe your unexpired personal | property leases | | Will the lease be assumed? | |
| Les | sor's name: | | | No Yes | |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | ☐ No ☐ Yes | |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | No Yes | |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | No Yes | |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | No Yes | |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | No Yes | |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | No Yes | |
| | cription of leased perty: | | | | |
| Part 3: | Sign Below | | | | |
| Unde | | | ntention about any propert | rty of my estate that secures a debt and any personal | |
| Y 1 | s/ Paris Jones | | × | | |
| _ | gnature of Debtor 1 | | | e of Debtor 1 | |
| ח | ate 9/27/2016 | | Date | | |
| ים | MM/DD/YYYY | | | M/DD/YYYY | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 59 of 71

B 203 (12/94)

In

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| re | Paris Latrice Jones | Case No. | |
|----|---|--|---------------------------|
| _ | Debtor | | (If known) |
| | | Chapter | Chapter 7 |
| | DISCLOSURE OF COMPENSA | ATION OF ATTORNEY FOR | DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 that compensation paid to me within one year before to services rendered or to be rendered on behalf of the cis as follows: | the filing of the petition in bankruptcy, or agree | d to be paid to me, for |
| | For legal services, I have agreed to accept | | \$1,465.00 |
| | Prior to the filing of this statement I have received | | \$0.00 |
| | Balance Due | | \$1,465.00 |
| 2. | The source of the compensation paid to me was: | | <u>-</u> |
| | | (specify) | |
| 3. | The source of the compensation paid to me is: | | |
| | ✓ Debtor Other | (specify) | |
| 4. | I have not agreed to share the above-disclosed commembers and associates of my law firm. | ompensation with any other person unless they | are |
| | I have agreed to share the above-disclosed compermembers or associates of my law firm. A copy of the people sharing in the compensation, is attached | the agreement, together with a list of the nam | |
| 5. | In return for the above-disclosed fee, I have agreed to a. Analysis of the debtor's financial situation, and bankruptcy; | | |
| | b. Preparation and filing of any petition, schedule | es, statements of affairs and plan which may be | e required; |
| | c. Representation of the debtor at the meeting of | creditors and confirmation hearing, and any ad | journed hearings thereof; |
| 6. | By agreement with the debtor(s), the above-disclosed | | , |
| | | - | |
| | | | |
| | CE | ERTIFICATION | |
| | I certify that the foregoing is a complete statement of a ne debtor(s) in this bankruptcy proceedings. | ny agreement or arrangement for payment to | me for representation |
| | 9/27/2016 | /s/ Tej Shastri | |
| | Date | Signature of Attorney | |
| | | Semrad Law Firm | |
| | | Name of law firm | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 60 of 71

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Jones, Paris Latrice | Case No | | | |
|--------|--|------------------------------------|----------|--|--|
| _ | Debtor(s) | 0000110. | | | |
| | | Chapter. | Chapter7 | | |
| | VERIFICATION | N OF CREDITOR MAT | RIX | | |
| | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowled | | | | |
| Date: | 9/27/2016 | /s/ Jones. Paris | Latrice | | |
| | | Jones, Paris La Signature of De | rice | | |

GO FINANCIAL 4020 E INDIAN SCHOOL RD PHOENIX , AZ 85018 USA

MOHELA/DEPT OF ED 633 SPIRIT DR CHESTERFIELD , MT 63005 USA

MOHELA/DEPT OF ED 633 SPIRIT DR CHESTERFIELD , MT 63005 USA

MOHELA/DEPT OF ED 633 SPIRIT DR CHESTERFIELD , MT 63005 USA

ASCENSION SERVICES L P 1500 N NORWOOD STE 204 HURST , TX 76054 USA

MOHELA/DEPT OF ED 633 SPIRIT DR CHESTERFIELD , MT 63005 USA

MOHELA/DEPT OF ED 633 SPIRIT DR CHESTERFIELD , MT 63005 USA

SECURITY CREDIT SERVIC 2653 W OXFORD LOOP OXFORD , MS 38655 USA

CB/VICSCRT 220 W SCHROCK RD WESTERVILLE , OH 43081 USA

HARRIS 111 WEST JACKSON B SUITE 400 CHICAGO , IL 60604 USA

DIVERSIFIED Po Box 1391 Southgate , MI 48195 USA

AARGON COLLECTION AGEN 3160 S VALLEY VW STE 206

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 62 of 71

LAS VEGAS , NV 89102 USA OAC PO BOX 500 BARABOO , WI 53913 USA

OAC PO BOX 500 BARABOO , WI 53913 USA

JOHN H CURRIE LAW OFFICE 200 W Adams St Ste 2004 Chicago , IL 60606 USA

Geico One GEICO Plaza Bethesda Bethesda , MD 20810 USA

Mercy Hospital 2525 S. Michigan Avenue Chicago , IL 60616 USA

Advocate Christ Hospital of Illinois 4440 W 95th St Oak Lawn , IL 60453 USA

JB Robinson 375 Ghent Rd Akron , OH 44333 USA

Victoria Secrets PO Box 659728 San Antonio , TX 78265 USA

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602 USA

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC 1465.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Paris Jones Matter Number 491694-001 Initial:

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 65 of 71

the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

| Date: 09/27/2016 | • | • |
|------------------|--------|---|
| Client Paris And | Client | |

Paris Jones Matter Number 491694-001

Attorney.

Initial:

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 66 of 71

| Debtor 1 Paris First Name | Latrice Middle Name | Jones | Case number (if know. | n) | |
|---|---|--------------------|--|---|--|
| | | Last Name | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be ☑ No. ☐ Yes. | | at after any exempt property is unsecured creditors? | excluded and administrative expenses are | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 5,001 | -5,000 -10,000 1-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,0 \$50,0 | 0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| 20. How much do you estimate your liabilities to be? | □ \$0-\$50,000 ☑ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$10,0 \$50,0 | 0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| Part 7: Sign Below | | | | | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Signature of Debtor 2 | | | | |
| | Executed on <u>9/27/20</u> MM | 016 / DD / YYYY | Executed | on | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 67 of 71

| | | Doco | illielit Paye 07 | 0.72 |
|--------------------------------|----------------------------|-----------------------------|--|---|
| Fill in this inform | nation to identify your ca | se: | | |
| Debtor 1 | Paris | Latrice | Jones | |
| Daktano | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing | First Name | Middle Name | Last Name | - |
| United States B | ankruptcy Court for the: | Northern | District of Illinois | |
| Case number | | | (State) | |
| Official F | | | | Check if this is an amended filing |
| Declarat | ion About a | — ın Individual De | ebtor's Sched | ules 12/15 |
| §§ 152, 1341, 151 | 9, and 3571. | auon with a bankrupicy case | can result in fines up to \$. | 250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. |
| Did you pa | y or agree to pay som | eone who is NOT an attorne | y to help you fill out bankr | uptcy forms? |
| ✓ No | | | | |
| Yes. N | ame of person | | Attach Bankruptcy Po Signature (Official Fo | etition Preparer's Notice, Declaration, and orm 119). |
| | | | | |
| He f | alty of perjury, I decla | | | |

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 9/27/2016

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 68 of 71

| Debtor 1 | Paris First Name | Latrice Middle Name | Jones Last Name | Case number (if known) |
|-----------------|---|--|--------------------------------|--|
| 28. Wi | ithin 2 years before yo editors, or other partie | u filed for bankruptcy, did s. | you give a financial statem | ent to anyone about your business? Include all financial institutions, |
| □ | No Yes. Fill in the details t | pelow. | | |
| | | | Date issued | |
| | Name | | MM/DD/YYYY | _ |
| | Number Street | - The state of the | | |
| | City | State Zip Code | | |
| Part 12: | Sign Below | | | |
| bank | kruptcy case can resul | t in fines up to \$250,000, o | or imprisonment for up to 20 | rty, or obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 |
| | Olgitature | OI Debtor 1 | | Signature of Debtor 2 |
| | Date 9/2 | 7/2016 | | Date |
| Did y | | | of Financial Affairs for Indi | |
| Justines | | | of Financial Affairs for Indi | Date viduals Filing for Bankruptcy (Official Form 107)? |
| 回 | you attach additional | | of Financial Affairs for Indi | |
| | you attach additional No Yes | pages to Your Statement | of Financial Affairs for Indiv | viduals Filing for Bankruptcy (Official Form 107)? |
| | you attach additional No Yes | pages to Your Statement | | viduals Filing for Bankruptcy (Official Form 107)? |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 69 of 71

| ebtor Paris | Latrice | Jones | Case number (if |
|---|--|--|---|
| First Name | Middle Name | Last Name | known) |
| Variable | 1 B 4 - | | Part 2: |
| Your Unexpired Perso | | | |
| r any unexpired personal pro ormation below. Do not list r unexpired personal property | eal estate leases. Unexpired | leases are leases that are | Contracts and Unexpired Leases (Official Form 106G), fill in the still in effect; the lease period has not yet ended. You may assur 65(p)(2). |
| Describe your unexpired pe | ersonal property leases | | Will the lease be assumed? |
| | | | □ No |
| Lessor's name: | MOREON STORM OF THE STORM OF THE STORM AND | TO THE SECOND SECOND AND AND AND AND AND AND AND AND AND A | No Yes |
| Description of leased property: | | | |
| Lessor's name: | n Profes (1988) (1987) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (19 | TO THE STATE OF TH | □ No □ Yes |
| Description of leased property: | об на то не чене в постоя постоя на пост | kri Sel (d) a finisilikusikkentaken salamataken si bahan mata mata angger tempaga | Berri GGG GGG GGG A Standard and a december of a contract |
| Lessor's name: | 1995 - Bellin Statistica de cualcur a mante e mante programa y 1997 († 13. 773) M.P. S. S. S. S. S. S. S. S. S | gegyann von man en an en an | ☐ No |
| THE PROPERTY WAS A SECOND STREET, AND SECOND STREET, AND SECOND STREET, AND SECOND STREET, AND SECOND STREET, | The state of the s | hallandan allam menengan menengkanan kantara (k. 1999). Properti sebagai dan kantara kelalah dan kelalah dan k | Yes |
| Description of leased property; | | | |
| Lessor's name: | and the control of th | The State of the second work of America and America (State of State of Stat | ☐ No ☐ Yes |
| Description of leased property: | | | |
| Lessor's name: | | | □ No □ Yes |
| Description of leased property: | | | |
| Lessor's name: | | ACT 99° v 100°40 m. de la Armata a minimagna maga paga paga paga paga paga paga pag | ☐ No ☐ Yes |
| Description of leased property: | | | na distributi di di Siriya gani magali yi da sanagan sa sanagan sa |
| _essor's name: | overheadeleederd (1994-174 (1911)), velilleede de kommenteeringe oorgegenge gegrege (1974-1974), velilleede ve | erentere i remainde. Per had te states y tractication (committed that he hearthfur encourage is seen to de spo | □ No □ Yes |
| Description of leased property: | And Mark And | Till de la communicación de la | Ment of Control Con |
| 3: Sign Below | in the little of a state of a similar and a second control of the similar and a simila | 13 D - 4764 - Nach 490 Austri - 7-71 (Austrian Sprainsprainsprainsprainsprainsprainsprainsprainsprainsprainspra | TO TOOLEGE SECTION OF THE BESTER STATES (BALL TO NO.) THEN THE THE THEORY BUTTON TO SERVE AS ASSETT A SECTION OF THE |
| nder penalty of perjury, I de roperty that is subject to an | clare that I have indicated m | y intention about any pro | perty of my estate that secures a debt and any personal |
| C /s/ Paris Jones | ~ | × | |
| Signature of Debtor 1 | | | ature of Debtor 1 |
| Data 0/27/2046 | | - | |
| Date <u>9/27/2016</u> MM/DD/YYYY | | Date | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 70 of 71

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: _ | Jones, Paris Latrice Debtor(s) | Case No | | | |
|---------------------------------|--|--|--|--|--|
| | | Chapter. Chapter7 | | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | |
| | The above named Debtors hereby verify that | the attached list of creditors is true and correct to the best of their knowledge. | | | |
| Date: | 9/27/2016 | /s/ Jones, Paris Latrice Jones, Paris Latrice Signature of Debtor | | | |

Case 16-30768 Doc 1 Filed 09/27/16 Entered 09/27/16 17:18:14 Desc Main Document Page 71 of 71

| Debtor 1 | Paris First Name | Latrice Middle Name | Jones | Case number (if known | n) | |
|------------------------|--|--|--|-----------------------------------|--|----------------|
| | i iist Name | Middle Name | Last Name | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| Do no | nployment compe ot enter the amount locial Security Act | ensation if you contend that the amoun Instead, list it here: | t received was a benefit under | \$0.00 | | |
| | | mistedu, list it ricite. | \$0.00 | | | |
| | | | \$0.00 | | | |
| benet | fit under the Social | | | \$0.00 | | |
| amou paym intern | int. Do not include a ients received as a | r sources not listed above, any benefits received under th victim of a war crime, a crime c terrorism. If necessary, list o low. | e Social Security Act or against humanity or | | | |
| Total | amounts from sepa | proto nagoo if any | | +\$0.00 | | |
| TOTAL | amounts nom sepa | rate pages, ir any. | | 1,00.00 | | 1 |
| 11. Calc | culate your total c umn. Then add the | current monthly income. Ad total for Column A to the total | d lines 2 through 10 for each for Column B. | \$ <u>984.50</u> + | | \$984.50 |
| | | | | | | Total current |
| Part 2: | Determine Wh | nether the Means Test | Applies to You | | | monthly income |
| | | monthly income for the ye | | | | |
| | | ent monthly income from line | | Conv | line 11 here → | \$984.50 |
| 1 | Multiply by 12 (the r | number of months in a year). | www.commanners.com | | iiie ii neie → | X 12 |
| | | nnual income for this part of th | e form | | 12b. | |
| | | amily income that applies to | | | · | \$11,814.00 |
| Fill in | the state in which y | ou live. | Illinois . | | | |
| Fill in t | the number of peop | ole in your household. | 1 | | | |
| Fill in t house | | ncome for your state and size | of | | 13. | \$49,741.00 |
| instruc | d a list of applicable ctions for this form. do the lines comp | This list may also be available | online using the link specified in at the bankruptcy clerk's office. | the separate | | 1 |
| 14a. | Line 12b is less | | e top of page 1, check box 1, Th | ere is no presumption of abuse. | | |
| 14b. | Line 12b is more | e than line 13. On the top of pa | ge 1, check box 2, The presump | | | |
| D | Go to Part 3 and | d fill out Form 122A-2. | | · | | |
| Part 3: | Sign Below | | | | | |
| | | | | | | |
| By sig | gning here, I declar | e under penalty of perjury that | the information on this statemer | nt and in any attachments is true | and correct. | |
| () | Danson (| | | | | |
| x / | /s/ Paris Jones | Dovos | × | | | |
| · · · | gnature of Debtor | 1 | | gnature of Debtor 2 | | - |
| | | | 31 | Suarrie of Deptol 7 | | |
| Da | ate <u>9/27/2016</u> MM/DD/YYY | Ÿ | Da | ate 9/27/2016 MM/DD/YYYY | | |
| If yo | ou checked line 14a ou checked line 14a | a, do NOT fill out or file Form b, fill out Form 122A-2 and file | 122A-2. it with this form. | | | |
| | | The first control was the control of | Charles and the specific of the second second section by | | | |